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N.J. BOARD OF DENTISTRY  
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PAULA T. DOW  
ATTORNEY GENERAL  
Division of Law  
124 Halsey Street  
P.O. Box 45029  
Newark, New Jersey 07101  
Attorney for the State Board of Dentistry

By: Bindi Merchant  
Deputy Attorney General  
(973) 648-7454

STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
BOARD OF DENTISTRY

IN THE MATTER OF

JAN M. FRANKLIN, D.D.S.  
License No. 22 DI 1530800

LICENSED TO PRACTICE DENTISTRY  
IN THE STATE OF NEW JERSEY

Administrative Action

CONSENT ORDER

The New Jersey State Board Dentistry received a complaint submitted on behalf of patient P.W., alleging that Jan M. Franklin, D.D.S. ("respondent"), failed to conform to standard dental practice in the State of New Jersey. Specifically, it has been alleged that respondent was paid by P.W.'s insurance company to perform treatment and restoration of her teeth following an automobile accident. P.W. alleges respondent failed to complete the restorative work. On July 20, 2005, respondent appeared at an investigative inquiry into the matter held by the Board.

Respondent treated P.W. between 2000 and 2005. He acknowledged that he did not maintain a signed treatment plan, nor did he maintain a periodontal chart for P.W. or refer her to a periodontist. Further, there was no indication in the record that the patient was made aware of a higher rate of failure of implants in patients who smoke cigarettes. Respondent placed implants at teeth numbers 4, 5, 19, and 21; placed crowns and a bridge in the maxillary arch; and performed periodontal surgery (gingivectomy) on the maxillary anterior teeth. Further, he placed a mandibular bridge using tooth number 31 as an abutment tooth, although the tooth had decay which involved

the furcation. Respondent testified he believed tooth number 31 had been sufficiently cleaned to allow for a successful bridge to be placed.

Having reviewed the record, including the patient records and the testimony of respondent at the investigative inquiry, it appears to the Board that respondent's treatment of P.W. may not have met the standard of care. Specifically, respondent placed four implants in a patient with periodontal disease and a heavy smoking habit. The implants were placed prior to adequately treating the patient's periodontal disease and prior to ensuring the patient's oral hygiene home care had improved. Additionally, respondent restored P.W.'s mandibular right posterior quadrant without addressing the periodontal and periapical pathology in the patient's anterior mandibular segment, and failed to keep adequate patient records, including inaccurate information on treatment performed. These facts, if established, would provide a basis for disciplinary action pursuant to N.J.S.A. 45:1-21(d), and N.J.S.A. 45:1-21 (h). Respondent, without admitting or denying the allegations, desires to resolve this matter without recourse to formal proceedings. The Board finds the resolution of this matter is consistent with the public health, safety, and welfare, and for good cause shown:

IT IS ON THIS <sup>3<sup>rd</sup></sup> DAY OF ~~OCTOBER~~, 2011,

HEREBY ORDERED AND AGREED THAT:

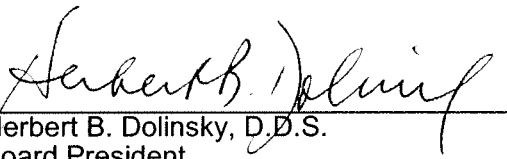
1. Respondent shall successfully complete the following continuing education courses: seven (7) hours in diagnosis and treatment planning, fourteen (14) hours in periodontics, and successfully complete the ProBE ethics course. These courses shall be completed within six (6) months of the entry of the within Consent Order. Further, these courses, which are in addition to the regularly required continuing education hours, shall be approved by the Board in writing prior to attendance. Respondent also shall be required to complete the attached continuing education Report and Proof of Attendance as proof of successful completion of the required course work. The attached forms are made a part of the within Consent Order, and a separate form is to be used for each course.

2. Respondent shall pay restitution to P.W. in the amount of \$12,500 for treatment related to the maxillary and mandibular arches. Payment shall be made by certified check or money order

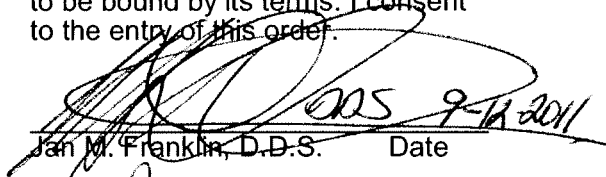
made payable to P.W., in four installments: one payment of \$3,500 on or before September 15, 2011, and three payments of \$3,000 to be paid on or before the 15<sup>th</sup> day of the three succeeding months (October 15<sup>th</sup>, November 15<sup>th</sup> and December 15<sup>th</sup>). Payments shall be forwarded to Jonathan Eisenmenger, Executive Director, Board of Dentistry, P.O. Box 45005, 124 Halsey Street, Sixth Floor, Newark, NJ 07101.

3. Failure to comply with any of the terms of this Consent Order may result in further disciplinary action.

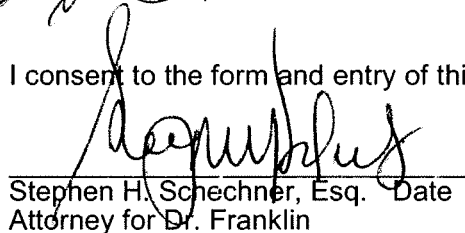
NEW JERSEY STATE BOARD OF DENTISTRY

By:   
Herbert B. Dolinsky, D.D.S.  
Board President

I have read and understand the within Consent Order and agree to be bound by its terms. I consent to the entry of this order.

  
Jan M. Franklin, D.D.S. Date 9-14-2011

I consent to the form and entry of this order.

  
Stephen H. Schechner, Esq. Date  
Attorney for Dr. Franklin

**New Jersey State Board of Dentistry**  
**Application for Course Approval**  
(Please Type or Print Legibly)



124 Halsey Street . 6th Floor . Newark, NJ . 07101  
phone: 973.504.6405  
fax: 973.273.8075

The Board cannot assure approval for courses provided. Applications must be submitted at least 30 days prior to the course date.

**A separate form is to be used for each course.** A copy will be returned to you after approval or denial by the Board.

Dentist name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

The following course is designed to fulfill a portion (or all) of \_\_\_\_\_ hours required in the area of \_\_\_\_\_

Number of credit hours requested for this particular course: \_\_\_\_\_

Course Title: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Sponsor Phone Number: \_\_\_\_\_

Date(s) you will be attending course: \_\_\_\_\_

Time course begins and ends: \_\_\_\_\_

**Please attach a course brochure. (Required)**

**For Board use only**

Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Approved ☐

Denied ☐

Reason for denial: \_\_\_\_\_

\_\_\_\_\_